



Atty. Docket No.
99,316/1105.025

- 1 -

2856
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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicants: William P. Schenk Jr.

Serial No.: 10/004,485

Group Art Unit: 2856

Filed: 11/02/2001

Examiner: Fitzgerald, John P.

Title: MAGNETIC MOUNTING ASSEMBLY

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the U.S. Postal Service as first class mail in an envelope addressed to:, Commissioner of Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on February 4, 2005.

Richard L. Sampson, Jr.
Attorney for Applicants
Reg. No. 37,231

Date of Signature: February 4, 2005

To: Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

RESPONSE AND AMENDMENT UNDER 37 CFR §1.121

Dear Sir:

This paper is filed in response to the Office action mailed October 5, 2004. With the attached request for a one month extension of time in which to answer the Office action, a

03/07/2005 TSTPTOE 00000004 500/24 10004402

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In the unlikely event that the transmittal letter is separated from this document and the Patent Office determines that an extension and/or other relief is required, applicant petitions for any required relief including extensions of time and authorizes the Assistant Commissioner to charge the cost of such petitions and/or other fees due in connection with the filing of this document to **Deposit Account No. 50-0734** referencing docket no. 99,316/1105.025. However, the Assistant Commissioner is not authorized to charge the cost of the issue fee to the Deposit Account.

Respectfully submitted,



Richard L. Sampson
Attorney for Applicants
Registration No. 37,231

Dated: February 4, 2005

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PATENT APPLICATION FEE DETERMINATION RECORD
Effective October 1, 2004

Application or Docket Number

10/0004485

CLAIMS AS FILED - PART I

| | (Column 1) | (Column 2) |
|---|--------------|--------------|
| TOTAL CLAIMS | | |
| FOR | NUMBER FILED | NUMBER EXTRA |
| TOTAL CHARGEABLE CLAIMS | minus 20= | * |
| INDEPENDENT CLAIMS | minus 3 = | * |
| MULTIPLE DEPENDENT CLAIM PRESENT <input type="checkbox"/> | | |

* If the difference in column 1 is less than zero, enter "0" in column 2

| SMALL ENTITY TYPE <input type="checkbox"/> | | OR | OTHER THAN SMALL ENTITY | |
|--|--------|----|-------------------------|--------|
| RATE | FEE | | RATE | FEE |
| BASIC FEE | 395.00 | OR | BASIC FEE | 790.00 |
| x 25 | | OR | x 50 | |
| x 100 | | OR | x 200 | |
| + 180 | | OR | + 360 | |
| TOTAL | | OR | TOTAL | |

CLAIMS AS AMENDED - PART II

| | (Column 1) | (Column 2) | (Column 3) |
|---|----------------------------------|------------------------------------|---------------|
| AMENDMENT A | CLAIMS REMAINING AFTER AMENDMENT | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA |
| Total | * 36 | Minus | ** 36 = |
| Independent | * 2 | Minus | *** 15 = |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/> | | | |

| SMALL ENTITY | | OR | OTHER THAN SMALL ENTITY | |
|------------------|----------------|----|-------------------------|----------------|
| RATE | ADDITIONAL FEE | | RATE | ADDITIONAL FEE |
| x 25 | | OR | x 50 | |
| x 100 | | OR | x 200 | |
| + 180 | | OR | + 360 | |
| TOTAL ADDIT. FEE | | OR | TOTAL ADDIT. FEE | |

| | (Column 1) | (Column 2) | (Column 3) |
|---|----------------------------------|------------------------------------|---------------|
| AMENDMENT B | CLAIMS REMAINING AFTER AMENDMENT | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA |
| Total | | Minus | ** = |
| Independent | | Minus | *** = |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/> | | | |

| SMALL ENTITY | | OR | OTHER THAN SMALL ENTITY | |
|------------------|----------------|----|-------------------------|----------------|
| RATE | ADDITIONAL FEE | | RATE | ADDITIONAL FEE |
| x 25 | | OR | x 50 | |
| x 100 | | OR | x 200 | |
| + 180 | | OR | + 360 | |
| TOTAL ADDIT. FEE | | OR | TOTAL ADDIT. FEE | |

| | (Column 1) | (Column 2) | (Column 3) |
|---|----------------------------------|------------------------------------|---------------|
| AMENDMENT C | CLAIMS REMAINING AFTER AMENDMENT | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA |
| Total | * | Minus | ** = |
| Independent | * | Minus | *** = |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/> | | | |

| SMALL ENTITY | | OR | OTHER THAN SMALL ENTITY | |
|------------------|----------------|----|-------------------------|----------------|
| RATE | ADDITIONAL FEE | | RATE | ADDITIONAL FEE |
| x 25 | | OR | x 50 | |
| x 100 | | OR | x 200 | |
| + 180 | | OR | + 360 | |
| TOTAL ADDIT. FEE | | OR | TOTAL ADDIT. FEE | |

- * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
 - ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."
 - *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."
- The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.